

AFFIDAVIT OF CIRCULATOR

State of Wisconsin)
)ss
_____ County)

_____, being duly sworn, deposes and says that he/she is a
please print name
qualified elector of the _____ School District, and resides at
_____, _____, County of _____,
street or rural route *city*

Wisconsin; that he/she is personally acquainted with all persons who have signed the attached petition;
that he/she knows them to be qualified electors of said school district; that each has signed this petition
with full knowledge of the contents thereof; and that their respective residences are stated therein opposite
their names.

Circulator _____
please print name *signature*
Address _____, WI _____
street or rural route *city* *zip*

Subscribed and sworn to before me this _____ day of _____, 20 ____

“SEAL”

Notary Public

My commission _____

NOTE: Each petition for a referendum election must be accompanied by a copy of this Affidavit of Circulator.

Each petition must be filed with the school district clerk before the second (2nd) Tuesday in September in any affected school district.

In order to initiate a referendum, the petitions must contain the signatures of at least ten (10) percent of the electors residing in any affected school district.

Please send copies of the completed petitions and accompanying affidavits to:
Secretary, School District Boundary Appeal Board
Department of Public Instruction
P.O. Box 7841
Madison, WI 53707-7841

Duplicate this form as needed.